

City of San Antonio

BUILDING PERMIT APPLICATION

(Applicant to complete all numbered spaces – Please Print)

PLAN NUMBER:						
1	Project Name:					
	Site Address:			Building No.:		Suite No.:
2	Legal Description	NCB:		Block:		Lot(s):
3	Owner:			Phone:		Fax:
	Address:			Email:		
	City:			State:	Zip Code:	
4	Contractor:			Phone:		Fax:
	Address:			Email:		
	City:			State:	Zip Code:	
5	Architect/Designer:			Phone:		Fax:
	Address:			Email:		
	City:			State:	Zip Code:	
6	Structural Engineer:			Phone:		Fax:
	Address:			Email:		
	City:			State:	Zip Code:	
7	Contact Person:			Phone:		Fax:
	Address:			Email:		
	City:			State:	Zip Code:	
8	Class of Work (circle as appropriate):					
			New Structure	Addition	Interior Finish-Out/ Remodel	
9	Flood Repairs Yes No			Other (Describe)		
	Occupancy Classification (per IBC):			Building Use:		
	Construction Type (per IBC):					
	Existing Square Footage:			New Square Footage:		
10	Stories:		Total Height (ft.):		Height to Highest Floor (ft.):	
	Change of Use		From:		To:	
11	Other Work to be Done (circle as appropriate):					
		Mechanical		Electrical		Plumbing
12	Water Available? Yes No		Sewer Available? Yes No			
13	Existing Structures on Site? Yes No					
14	Have you had a Preliminary Plan Review? Yes No					
	If so, when?			Preliminary Plan Review #:		
15	Will alcoholic beverages be sold on premises? Yes No					
16	Valuation:					
17	Existing fire sprinkler system?		Yes	No	Proposed fire sprinkler system?	
	Existing standpipe system?		Yes	No	Proposed standpipe system?	
	Existing fire alarm system?		Yes	No	Proposed fire alarm system?	
	Existing detection system?		Yes	No	Proposed detection system?	
	Existing smoke control?		Yes	No	Proposed smoke control?	
	Existing other?		Yes	No	Proposed other?	
	List other:		List other:			

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18	<p><u>Warehousing/Storage, Manufacturing/Processes, or Hazardous Materials</u></p> <p>If applicable, complete and submit with this application an “Occupancy Classification Worksheet for Warehousing, Manufacturing, and Hazardous Materials”. Refer to the instruction sheet attached to this application for the content and format to be submitted. An example is provided at the end of the instructions for your use. This worksheet shall be submitted when there is any warehousing, storing, manufacturing, process, or use of any hazardous materials and aerosols. The worksheet is divided into four division headings. Please use this format and follow the instructions carefully. This will aid the plans examiners in reviewing the plans. Worksheets that are incomplete, not utilizing the proper format, or that have erroneous information will delay the review process. Hazardous materials are defined in Section 414 of the 2003 International Building Code. If this section is not applicable please write N/A or simply disregard.</p>	
19	<p><u>Expiration of Plan Review</u></p> <p>An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated. – 2003 IBC Section 105.3.2</p>	
20	<p>NOTICE</p>	
21	<p>Separate permits are required for mechanical, electrical, plumbing, and sidewalks/approaches/curb cuts.</p> <p>This document is a governmental record. Individuals who knowingly make false entry in, or false alteration of, a governmental record are subject to criminal prosecution under Section 37.10 of the Penal Code, Vernon’s Texas Codes Annotated.</p> <p><i>HB 265 Written Agreement: The City of San Antonio must grant or deny this building permit application within 45 days. Upon notice, the applicant must provide the missing information or correct the permit application as provided in the notice provided to the applicant within 180 days. The City of San Antonio must then grant or deny the permit no later than the 45th day after the date all the missing and/or corrected information is received.</i></p> <p><i>I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.</i></p> <p><i>I acknowledge that my project may be subject to the requirements of the Fair Housing Act (FHA), the Americans with Disabilities Act (ADA), the Texas Accessibility Standards (TAS), and section 504 of the Rehabilitation Act of 1973. It is my responsibility to ensure my project complies with those requirements. I affirm that for information I will contact: 1-800-949-4232 for ADA, 1-800-767-7468 for FHA, or 1-800-252-8026 for TAS.</i></p>	
22	<p>Applicant Signature:</p>	<p>Date:</p>
23	<p>Completeness Review by:</p>	<p>Date:</p>

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FOR OFFICE USE ONLY							
Map Check	Lot Size (LxW):	Fire Sprinkler System Required?	Specials Approvals	Req.	Not Req.		
A. Zoning			Tree Pres./Landscape				
B. Setbacks							
C. Easements							
D. ROW & Rivers	Additional Area (sq. ft.):	Allowable Area (sq. ft.):	Health				
E. Flood Plains			Historical Preservation				
F. Recharge Zones							
G. River Walk			Increase in Stories?	Height to Highest Floor (ft.):	ERZD		
H. Historical Districts	Drainage						
I. FAA							
Exits							
A. Width	Other Allowable Area Increase (sq. ft.):	Total Height (ft.):	Traffic/Sidewalk				
B. Number			Disability				
C. Locations							
D. Panic Hardware							
E. Exit Signs	# of Stories:	1-hour construction substitution?	Building				
Doors							
A. Width			Occupancy Load:	Increase in Allowable Area?	Fire		
B. Swing					Mechanical		
C. Egress							
Stairs	Total Area (sq. ft.):	Existing Area (sq. ft.):			Electrical		
A. Rise & Run			Plumbing				
B. Width							
C. Handrails							
D. Guardrails	Occupancy Group:	Fire Alarm System Required?	FAA				
Handicap Access			Other (specify)				
Smoke Detectors							
Shafts			Construction Type:	# of Dwelling Units:			
Insulation							
Standpipes							

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Approved By:		Date:	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;"></div> <div style="text-align: center; margin-top: -10px;">/ /</div>
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